DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

the specification of which (check one)

My residence, mailing address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANTISENSE MODULATION OF VEGF CO-REGULATED CHEMOKINE-1 EXPRESSION

	-	•			
	_	ttached hereto.			
		s filed onand ial No	d was assigned U.S. Pa	tent Appl	ication
	•	we reviewed and understand the or gethe claims, as amended by any			
C av fi	FR § 1.56, including vailable between the ling date of the conti	y to disclose information which ig for continuation-in-part application filing date of the prior application invation-in-part application.	ions, material informat n and the national or Po	ion which	n became ational
ap w ha	oplication(s) for pater hich designated at le ave also identified be	n priority benefits under 35 U.S.C ent or inventor's certificate, or 365 east one country other than the Unelow, by checking the box, any fo Γ international application having aimed:	(a) of any PCT interna nited States of America reign application for pa	tional app , listed be atent or ir	olication clow and elowritor's
		PRIOR FOREIGN APPLI	CATION(S)		
	APPN. SERIAL NO.	COUNTRY	DATE FILED (MM/DD/YYYY)	PRIORITY Yes	/ CLAIM No
	PCT/US2003/02589	PCT PCT	08/19/2003	\boxtimes	
	hereby claim the oplication(s) listed be			States p	orovisional
	1	PRIOR PROVISIONAL APP	ZLICATION(S)		1

DATE FILED (MM/DD/YYYY)

08/19/2002

APPN. SERIAL NO.

60/404,484

Attorney Ref: 01055/1/US
Pfizer Ref: 27441/USA
HDP Ref: 6794-000130/US/02

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below:

PRIOR U.S. APPLICATION(S)					
APPN. SERIAL NO.	DATE FILED (MM/DD/YYYY)	STATUS – PATENTED, PENDING, ABANDONED			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY

The undersigned, on behalf of Applicant, hereby appoints the attorneys and patent agents associated with Customer Number 47376 with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith with full power to transact all business in the Patent and Trademark Office in connection with the above-referenced patent application.

CORRESPONDENCE ADDRESS

I request the Patent and Trademark Office to direct all correspondence relative to this application to:

David M. Gryte, PTO Registration No. 41,809 Harness, Dickey & Pierce, P.L.C. 7700 Bonhomme, Suite 400 St. Louis, MO 63105 (314) 726-7500 (telephone) (314) 726-7501 (facsimile) Bills Reduction of the Section

Attorney Ref: 01055/1/US
Pfizer Ref: 27441/USA
HDP Ref: 6794-000130/US/02

Full name of sole or first inventor: Edward J. Weinstein				
Inventor's signature:				
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